2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# F04000003882

Entity Name: GMAC BANK

Current Principal Place of Business:

GMAC BANK
6985 UNION PARK CENTER, SUITE 435
MIDVALE, UT 84087

New Principal Place of Business:

Current Mailing Address:

GMAC BANK
200 RENAISSANCE CENTER, 482 B12 C82
DETROIT, MI 48265

New Mailing Address:

GMAC BANK
200 RENAISSANCE CENTER, 482 B09 C24
DETROIT, MI 48265

FEI Number: 20-1001796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HALES, MARK B	
Address:	6985 UNION PARK CENTER, SUITE 435	
City-St-Zip:	MIDVALE, UT 84087	
Title:	CCO	( ) Delete
Name:	WRIGHT, JOHN J	
Address:	6985 UNION PARK CENTER, SUITE 435	
City-St-Zip:	MIDVALE, UT 84087	
Title:	CFO	( ) Delete
Name:	GARNER, LISA R	
Address:	6985 UNION PARK CENTER, SUITE 435	
City-St-Zip:	MIDVALE, UT 84087	
Title:	S	( ) Delete
Name:	QUENNEVILLE, CATHY L	
Address:	200 RENAISSANCE CENTER	
City-St-Zip:	DETROIT, MI 48265	
Title:	AS	( ) Delete
Name:	TAYLOR, BARBARA	
Address:	200 RENAISSANCE CENTER	
City-St-Zip:	DETROIT, MI 48265	
Title:	D	( ) Delete
Name:	MUIR, WILLIAM F	
Address:	200 RENAISSANCE CENTER	
City-St-Zip:	DETROIT, MI 48265	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	GERNER, LISA R	
Address:	6985 UNION PARK CENTER, SUITE 435	
City-St-Zip:	MIDVALE, UT 84087	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA TAYLOR AS 01/07/2009
Electronic Signature of Signing Officer or Director — Date